



ITW

PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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|  |                        |                        |
|--|------------------------|------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 10/057,532-Conf. #2344 |
|  | Filing Date            | January 25, 2002       |
|  | First Named Inventor   | Jeffrey A. Lyon        |
|  | Art Unit               | 1645                   |
|  | Examiner Name          | P. Baskar              |
|  | Attorney Docket Number | 38644-197852           |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                                    | <input checked="" type="checkbox"/> Drawing(s): 5 sheets                                | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/>  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Request for Refund   | Copy of Notice to File Corrected Application Papers                                     |
| <input type="checkbox"/> Information Disclosure Statement                                   | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                             | <input type="checkbox"/> Landscape Table on CD  |   |
| <input checked="" type="checkbox"/> Response to Notice to File Corrected Application Papers | Remarks   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                   |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                  |          |        |
|--|------------------|----------|--------|
| Firm Name                                  | VENABLE LLP      |          |        |
| Signature                                  |                  |          |        |
| Printed name                               | Ann S. Hobbs     |          |        |
| Date                                       | October 16, 2007 | Reg. No. | 36,830 |

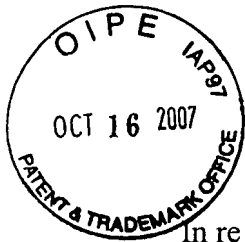


|   |  |                          |                  |
|---|--|--------------------------|------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2007</b> |  | <b>Complete if Known</b> |                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | 10/057,532       |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | Filing Date              | January 25, 2002 |
| <b>(\$)</b> 0.00  |  | First Named Inventor     | Jeffrey A. Lyon  |
|   |  | Examiner Name            | P. Baskar        |
|   |  | Art Unit                 | 1645             |
|   |  | Attorney Docket No.      | 38644-197852     |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input type="checkbox"/> Deposit Account   | Deposit Account Number: 210380 referencing  |
|  | Deposit Account Name: U.S. Army Medical & Command                                 |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                                      |                      |                                  |                     |                       |
|---|---------------------|---|--------------------------------------|----------------------|----------------------------------|---------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                                      |                      |                                  |                     |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                                      |                      |                                  |                     |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>                   |                      | <b>EXAMINATION FEES</b>          |                     |                       |
|   |                     | <u>Small Entity</u>                                     |                                      | <u>Small Entity</u>  |                                  | <u>Small Entity</u> |                       |
| <u>Application Type</u>   | <u>Fee (\$)</u>     | <u>Fee (\$)</u>   | <u>Fee (\$)</u>                      | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                  | <u>Fee (\$)</u>     | <u>Fees Paid (\$)</u> |
| Utility   | 310                 | 155   | 510                                  | 255                  | 210                              | 105                 | _____                 |
| Design  | 210                 | 105   | 100                                  | 50                   | 130                              | 65                  | _____                 |
| Plant   | 210                 | 105   | 310                                  | 155                  | 160                              | 80                  | _____                 |
| Reissue   | 310                 | 155   | 510                                  | 255                  | 620                              | 310                 | _____                 |
| Provisional   | 210                 | 105   | 0                                    | 0                    | 0                                | 0                   | _____                 |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                                      |                      |                                  |                     |                       |
|   |                     |   |                                      |                      |                                  | <u>Small Entity</u> |                       |
|   |                     |   |                                      |                      |                                  | <u>Fee (\$)</u>     | <u>Fee (\$)</u>       |
| <u>Fee Description</u>  |                     |   |                                      |                      |                                  |                     |                       |
| Each claim over 20 (including Reissues)   |                     |   |                                      |                      |                                  | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                                      |                      |                                  | 200                 | 100                   |
| Multiple dependent claims   |                     |   |                                      |                      |                                  | 360                 | 180                   |
| <u>Total Claims</u>   |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u>                      | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                     |                       |
| _____   |                     | _____   | _____                                | _____                | <u>Fee (\$)</u>                  |                     | <u>Fee Paid (\$)</u>  |
| _____   |                     | _____   | _____                                | _____                | _____                            |                     | _____                 |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                                      |                      |                                  |                     |                       |
| <u>Indep. Claims</u>  |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u>                      | <u>Fee Paid (\$)</u> |                                  |                     |                       |
| _____   |                     | _____   | _____                                | _____                |                                  |                     |                       |
| _____   |                     | _____   | _____                                | _____                |                                  |                     |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                                      |                      |                                  |                     |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                                      |                      |                                  |                     |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                                      |                      |                                  |                     |                       |
| <u>Total Sheets</u>   | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>                      | <u>Fee Paid (\$)</u> |                                  |                     |                       |
| _____   | _____               | _____   | _____                                | _____                |                                  |                     |                       |
| _____ - 100 = _____   |                     | /50 = _____   | (round up to a whole number) x _____ | = _____              |                                  |                     |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                                      |                      |                                  |                     |                       |
| <u>Non-English Specification, \$130 fee (no small entity discount)</u>  |                     |   |                                      |                      |                                  |                     |                       |
| <u>Other (e.g., late filing surcharge):</u> _____   |                     |   |                                      |                      |                                  |                     |                       |

|                     |              |                                   |                  |
|---------------------|--------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |              |                                   |                  |
| Signature           |              | Registration No. (Attorney/Agent) | 36,830           |
| Name (Print/Type)   | Ann S. Hobbs | Telephone                         | (202) 344-4000   |
|                     |              | Date                              | October 16, 2007 |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
LYON et al.

Serial No. 10/057,532

Filed: January 25, 2002

For: RECOMBINANT P. FALCIPARUM  
MEROZOITE PROTEIN-142 VACCINE

Art Unit: 1645

Examiner: P. Baskar

Atty. Docket No. 38644-197852

Customer No.

**26694**

PATENT TRADEMARK OFFICE

**RESPONSE TO FILE CORRECTED APPLICATION PAPERS**

**Mail Stop: Issue Fee**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

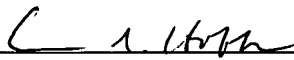
In response to the Notice to File Corrected Application Papers mailed August 17, 2007, replacement drawing sheets 1-5 (Figures 1A, 1B, 2A, 2B, 2C, 3, 4, 5 and 6) are filed herewith, along with a copy of the Notice.

The replacement drawings remove all markings as specified on the PTO Notice that otherwise obscures the illustration of the drawings.

It is believed that no fees are due in the submission of this Response. If any fees are due, please charge Deposit Account No. 210-380.

Respectfully submitted,

Date: October 16, 2007

  
\_\_\_\_\_  
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Registration No. 36,830  
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Washington, D.C. 20043-9998  
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Facsimile: (202) 344-8300



# UNITED STATES PATENT AND TRADEMARK OFFICE

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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/057,532      | 01/25/2002  | Jeffrey A. Lyon      | 003/240/SAP         | 2344             |

7590 08/17/2007  
ATTN: MCMR-JA (Ms. Elizabeth Arwine-PATENT ATTY)  
U. S. Army Medical Research and Materiel Command  
504 Scott Street  
Fort Detrick, MD 21702-5012

EXAMINER  
BASKAR, PADMAVATHI

ART UNIT PAPER NUMBER

1645

MAIL DATE DELIVERY MODE

08/17/2007

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

STAFF COUNSEL ADVOCATE  
FOR FORT DETRICK, MD  
2007 AUG 20 AM 9:50



UNITED STATES PATENT AND TRADEMARK OFFICE

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United States Patent and Trademark Office  
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Alexandria, VA 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

Serial No. : 10/057532  
Applicant: Lyons  
Filing Date : 01/25/02  
Date Mailed : 08/17/07

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

### *Notice of Allowance Mailed*

This application has been accorded an Allowance Date and is being prepared for issuance. The application, however, is incomplete for the reasons below.

Applicant is given 60 days from the mail date of this Notice within which to correct the informalities indicated below. If the informality pertains to the abstract, specification (including claims) or drawings, the informality must be corrected with an amendment in compliance with 37 CFR 1.121 (or, if the application is a reissue application, 37 CFR 1.173). Such an amendment may be filed after payment of the issue fee if limited to correction of informalities noted herein. See Waiver of 37 CFR 1.312 for Documents Required by the Office of Patent Publication, 1280 Off. Gaz. Patent Office 918 (March 23, 2004). In addition, if the informality is not corrected until after payment of the issue fee, for purposes of 35 U.S.C. 154(b)(1)(iv), "all outstanding requirements" will be considered to have been satisfied when the informality has been corrected. A failure to reply will result in the application being ABANDONED. This period for reply is NOT extendable under 37 CFR 1.136(a).

See attachment.

*A copy of this notice **MUST** be returned with the reply. Please address response to  
"Mail Stop Issue Fee, Commissioner for Patents,  
P.O. Box 1450, Alexandria, VA 22313-1450".*

L. Fletcher \_\_\_\_\_  
Your name  
Office of Patent Publication  
Phone: 703-308-9250, ext. 143



Application No. 10/057532 Drawings filed 06/28/02

### IDENTIFICATION OF DRAWING DEFICIENCIES

- ☐ There is a hole or the image thereof within the illustration. FIG(s) \_\_\_\_\_
- ☐ The character of the lines, numbers and letters is poor. FIG(s) \_\_\_\_\_
- ☐ The illustration is penetrated or traversed by a solid or broken line that is not intended to be part of the drawing, such as a dark line caused by a flaw in the copying process. FIG(s) \_\_\_\_\_
- ☒ An ink stamp or an image obscures part of the illustration. FIG(s) 6
- ☐ The drawing is marred by black smudges, obliterations, or fax/copier marks. FIG(s) \_\_\_\_\_
- ☐ Figure numbers are duplicated or missing. FIG(s). \_\_\_\_\_
- ☐ Numbers, letters, or reference characters in the drawing have been crossed out by hand or are illegibly handwritten. FIG(s) \_\_\_\_\_
- ☐ The drawing's background shows that the original drawing was made on graph paper or other paper with a pattern or decoration. FIG(s) \_\_\_\_\_
- ☐ The FIG. number label is placed in a location that causes the drawing to be read upside down. FIG(s) \_\_\_\_\_
- ☐ Data, a reference number, or part of the drawing is truncated or missing. FIG(s) \_\_\_\_\_
- ☐ The drawing is continued onto a second page (or more) without proper labeling under 37 CFR 1.84(u)(1). FIG(s) \_\_\_\_\_
- ☐ The drawing and/or the FIG. label contain(s) foreign language. FIG(s) \_\_\_\_\_
- ☐ Color drawings are present in this application but the following 37 CFR 1.84(a) requirements have not been met\*:
  - ☐ Petition filed
  - ☐ Petition fee
  - ☐ 3 sets of color drawings
  - ☐ Color drawing paragraph

\*If color drawings are not elected, then applicant must respond so stating. Also, references to color drawings in the specification, if any, must be amended.381.

COMMENTS: Figs. 6 is obscured by date stamp. Please submit replacement drawings.